VACCINATION
THE HIDDEN FACTS

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CHAPTER 11
WHY VACCINATION CONTINUES

"The propaganda in favour of immunization has won the minds of the masses and has influenced medical thinking, and government and international measures, relating to disease control. This has been at the expense of methods which might have raised the real level of well-being of the people at risk. This begins to impinge upon the realms of politics and economics, for the gains are great in this area, and the truth is not always palatable. The removal of the idea of protection, via immunization, and the implementation of expensive measures to improve nutrition in countries which can hardly make ends meet, would not be welcome themes for politicians, even if they could be made to listen to the facts.

Leon Chaitow
Vaccination And Immunization

That vaccination continues to this day is not because of its 'assumed' benefits, but (1) because it yields millions of dollars profit to the Drug Industry, (2) because it is one of the foundation stones of Medical Science upon which they have undeservedly built their power and prestige, and for that reason, must remain in place, and (3) because the majority of the public, brainwashed by medical propaganda, and unwilling to think for themselves, blindly accept it.

COMMERCIAL MOTIVES

Firstly, commercial interests are a major motive behind the vaccine drive, netting the drug industry millions of dollars annually. Eleanor McBean PhD (The Poisoned Needle) states:

"The vaccine business has continued to thrive in spite of its disastrous failure, for the mere reason that it nets millions of dollars for the promoters, and this buys power with governments and propaganda control over the masses who don't know how to think for themselves".

Speaking of the disastrous smallpox epidemics in England following compulsory vaccination, Herbert Shelton (Natural Hygiene, Man's Pristine Way of Life) stated that smallpox vaccinations were kept alive only because of the enormous profits that were derived from this practice.

Despite the failure of the tuberculosis vaccine in India involving over 260,000 Indians, both the World Health Organisation and the Indian government recommended its continuance. One may speculate as to the reasons why but its worth noting that the World Health Organisation is sponsored by none other than the American Drug Trust. A conflict of interests perhaps?

The Journal of the American Medical Association, November 14th 1990, contains an article titled, British Firm Halts Vaccine Manufacture". The Wellcome Company, Beckenham, England were forced to cease vaccine production. The reasons cited by the head of their Biotech Division, Dr A J Beale were *"Too much litigation and too little profit".*

George Starr White M.D. of Los Angeles, probably best summed it up with this comment:

"Take all the profit out of manufacturing and administration of serums and vaccines and they would soon be condemned, even by those who are now using them".

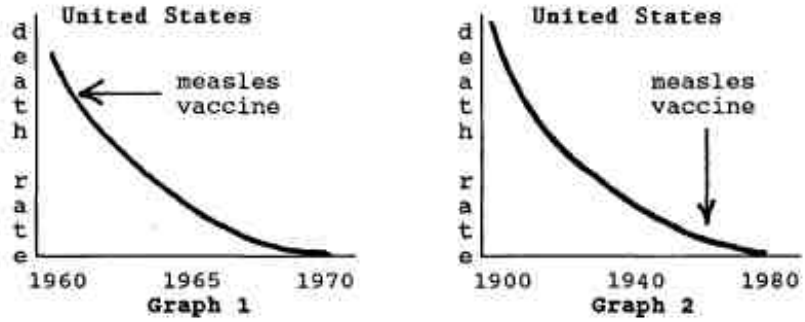
MEDICAL PROPAGANDA

Secondly, the medical profession, hell bent on preserving its power and prestige, cannot afford to have the public ever finding out the truth about vaccination. This is not to condemn all doctors, for many simply do not know the truth, whilst many others do not want to know. Yet medical hierarchy, intent on maintaining the 'status-quo', feeds the public a constant stream of propaganda promoting the case for vaccination. This propaganda, designed to convince people of the value and importance of vaccinations, takes the form of falsified statistics, misleading statements, public scare campaigns and in many cases, downright lies!

Lies, Damned Lies and Statistics!

Albert Einstein once said that there were three types of lies--lies, damned lies and statistics! It is easy to provide statistical evidence which creates the impression that vaccination works. Here is a good example which appears in the book, Communicable Diseases Handbook by L. Claire Bennett and Sarah Searl from the University of British Columbia, Vancouver. On Page 44 it states: *"An effective inoculation program should obviously result in a lowered incidence of the particular disease under surveillance. For instance, since 1963 there have been more than 80 million doses of red measles vaccine given. The number of reported cases has gone from a pre-1963 total of about 500,000 to a total of about 35,000 in 1975".* Now this suggests that the vaccine was indeed responsible for this decline, that is until we go back to 1958 and learn that the number of cases was 800,000! In other words, measles cases were in decline before the 1963 vaccine commenced. (In fact by 1955, still eight years before the start of this vaccine, there had been a 97% decline in the death rate from measles since the turn of the century!) What is more, medical authorities have since acknowledged that the 1963 measles vaccine was a complete failure!

This same scenario occurs with graphical evidence also.



An examination of Graph 1 suggests that measles vaccine was responsible for the decline, but if we examine Graph 2 and go back to 1900, we can clearly see that the major part of the decline had already occurred and that the commencement of vaccination had no impact on the rate of decline thereafter. If you happen to visit a medical library and examine some of the texts and medical journals, you will find that most graphical evidence on the decline of infectious disease starts from the year 1940 when antibiotics and certain vaccinations commenced. Such graphs always present a misleading picture. Is it any wonder that most doctors believe in drug therapy and vaccinations? They have never seen the whole picture. In the Natural Health magazine, July 1988, an article appeared on Vaccination Therapy, in which the author, Shirley Lewis, mentioned this very point. Ms Lewis spoke of a doctor who undertook her own research by consulting relevant material in the medical library. As Ms Lewis points out, *"She showed us a graph, from a medical journal, that proved how effective antibiotics and immunization had been in eradicating scarlet fever, diphtheria, whooping cough and measles. But this doctor's copy of the graph started in 1940, and we had already seen the fuller graph, which started in 1850 and showed that in all four diseases, a steady decline had been happening long before the introduction of either immunization or antibiotics. So that doctor had made a conscientious decision based on a graph that had been deliberately falsified".* This explains the comments of Dr Lancaster (Medical Journal of Australia Nov 1967): *"Misconceptions on the importance of direct medical and surgical intervention in the progress of mortality are widely held by historians, statisticians and medical theorists".*

There are several other ways that statistics can be manipulated or falsified in order to create the impression that vaccines work. A common and well used technique is to 're-diagnose'. This means that if a patient presents the characteristic symptoms of a particular disease, yet has already been vaccinated against that disease, the doctor will diagnose something else. The National Anti-Vaccination League in Britain provides evidence of this in much of its literature. For example, chicken pox, according to medical authorities is a non-fatal disease. Yet, *"In the thirty years ending in 1934, 3,112 people are stated to have died of chicken pox in England and Wales".* The truth is that these people actually died of smallpox against which they had been previously vaccinated. Because of their vaccine status, however, their deaths were recorded as chicken pox. According to The Truth Teller, January 1927, *"This has been admitted by English medical officers of health, and the Ministry of Health has twice stated in answer to questions in*

Parliament that vaccination is one factor in the diagnosis of these cases".

George Bernard Shaw, the illustrious poet and also an ardent campaigner on public health issues, once stated:

> *"During the last considerable epidemic at the turn of the century, I was a member of the Health Committee of London Borough Council, and I learned how the credit of vaccination is kept up statistically by diagnosing all the re-vaccinated cases (of smallpox) as postular eczema, varioloid or what not --except smallpox".*

Explaining the practice of 're-diagnosis' and the reasons behind it, Leon Chaitow says *"... faced with a patient who has all the signs and symptoms of a particular disease, from which they have been 'protected' by immunization, it is obviously difficult to make the diagnosis they would have made if faced by such a case in an unvaccinated person. By calling the disease something else they are protecting their belief system, and the integrity of the theories around which they have built their actions, such as vaccination .... All this is done to protect a system, and to help to save the public from having doubt as to the efficacy of methods. Re-diagnosis is a real phenomenon, and happens all the time. In the case of diphtheria this was rampant, and it is interesting to note that it was only the vaccinated cases of diphtheria which were diagnosed as something else. In some epidemics the figure of re-diagnosis reached 60% of cases. It is hard to see what sense can be made of statistics when they are based on inaccuracies of this sort".*

Another method of creating misleading statistics is False Diagnosis'. This involves a doctor diagnosing a particular disease, say polio, when in fact the patient does not really have polio. From his book, Hygienic Care Of Children, Herbert Shelton comments on the polio epidemics: *"Polio epidemics are very largely physician made. Great numbers of cases of illness diagnosed as polio are not".* Shelton goes on to say: *"The apparent disappearance of polio as a result of vaccination was brought about by a clever juggling stunt. Before the Salk vaccine was introduced, thousands of cases of polio were diagnosed each year in children who had no polio. After the introduction of the vaccine, these cases were no longer diagnosed as polio, this automatically appeared to reduce the case rate to the near vanishing point".*

Dr Bernard Greenberg, head of the Department of Biostatistics of the University of North Carolina School of Public Health, USA, has stated that prior to the Salk vaccine, large numbers of Cocksackie virus and asceptic meningitis cases were mislabelled as paralytic polio. Following the start of polio vaccinations, no such mislabelling occurred. Following the commencement of the Salk vaccine, many polio cases were reclassified under a different name, this again, leading to statistics indicating a reduction in polio incidence. Walene James, in her book, Immunization, Reality Behind the Myth, provides figures from the Los Angeles County Health Index Morbidity and Mortality, Reportable Diseases which reveals this fact.

Date	Viral or Asceptic Meningitis	Polio
July 1955	50	273
July 1961	161	65
July 1963	151	31
Sept 1966	256	5

As confirmed in this same publication *"Most cases reported prior to July 1, 1958, as non-paralytic poliomyelitis are now reported as viral or asceptic meningitis".* Further evidence comes from the Organic Consumer Report, March 1975 which states: *"In a California Report of Communicable Diseases, polio showed a 'nil' count, while an accompanying asterisk explained 'All such cases now reported as Meningitis'".*

Another technique for reducing statistics involves 'redefinition of the disease'. In the USA, prior to the Salk polio vaccine, a case of paralytic poliomyelitis was diagnosed if the patient exhibited paralytic symptoms for only 24 hours. Yet after the start of the Salk vaccine, a case of paralytic poliomyelitis would only be diagnosed if the patient exhibited paralytic symptoms for at least 60 days! Commenting on the

effect of this upon statistics, Dr T C Fry (Australian Wellbeing No.34 1989 p101) stated: *"In conjunction with the introduction of the Salk vaccine, new guidelines were established by the Centre for Disease Control for the diagnosis of polio. Not only was paralysis necessary before the polio diagnosis could be made but it had to persist for more than 60 days. This cut the polio cases down to 10 to 15 per year automatically, for that was the extent of the number of cases even before the Salk vaccine. Yet from the publicity you'd think we had 55,000 cases of infantile paralysis a year instead of a few cases with most of the polio symptoms being 'not life threatening and seldom lasting more than two weeks".*

The Medical Journal of Australia, November 4th 1967, contains figures on polio cases from 1950 onwards. These figures are accompanied by the comments, *"Before July 1956, the numbers given are poliomyelitis notifications"* and *"After July 1956, they are cases accepted by the Poliomyelitis Surveillance Committee".* No doubt this Committee played the same game of 'redefinition' as did their counterparts in the USA.

Those who support the polio vaccine have claimed that polio epidemics declined following mass vaccination campaigns. What few people realise is that prior to the start of polio vaccination, the number of polio cases required in order to refer to polio as an epidemic was in the vicinity of 20 per 100,000. Following the introduction of Salk's polio vaccine, the number of cases required was increased to 35 per 100,000. This would result in a decline of reported epidemics.

Fortunately, the whistle was blown on all this statistical juggling when Dr Bernard Greenberg, North Carolina School of Public Health, testified (May 1962 in the US Congressional Hearings on HR10541) that polio cases increased substantially following mass immunization campaigns. There was a 50% increase from 1957 to 1958 and an 80% increase from 1958 to 1959. Dr Greenberg pointed to manipulation of statistics and false statements by the Public Health Service which gave the impression that vaccination was responsible for the reported polio decline.

Such statistical manipulation does not just occur with polio. Let us turn our attention to whooping cough.

In England DTP (Diphtheria, Tetanus, Whooping Cough) immunization rates decreased from 79% in 1973 to 31% in 1978. Between 1977-1980, there were 102,000 cases of whooping cough in which 28 died. Health authorities blamed this outbreak on low vaccination levels, citing as evidence the decrease in vaccination rates over the preceding years. On the surface this would seem a likely explanation, but if we delve more deeply, a different story emerges. There are several facts to consider.

1. Whooping cough, like measles, is cyclic in nature, which means that outbreaks tend to occur every 3-4 years regardless of vaccination rates. The British Medical Journal (25/9/1975) referring to whooping cough says: *"Periodic increases in incidence occurred in 1960, 1963, 1967 and 1970. The most recent increase began at the end of 1973 and reached a peak at the end of 1974."* This would mean that the next outbreak was due around 1978 and this is exactly what happened. (The next major outbreak in England occurred in 1982 in which 50% of the cases were in fully vaccinated children!).

2. When there is a decline in vaccination rates for whooping cough, physicians have a tendency to diagnose whooping cough in children who do not have it. As Dr Mendelsohn points out, when vaccination rates decline, physicians tend to diagnose whooping cough *"every time a baby clears his throat!.* From their book, DPT: A Shot In The Dark, Doctors Coulter and Fisher point out:

   "There is a natural tendency to under-report whooping cough when it occurs in a vaccinated population, and to over-report 'it when it appears to be occurring in an un-vaccinated population".

   In the USA, 1982, the states of Maryland and Wisconsin reported whooping cough epidemics. Health officials blamed these outbreaks on un-vaccinated children. Yet, Dr Anthony Morris, an expert of bacterial and viral diseases, found laboratory confirmation to verify whooping cough diagnosis in only 21 out of 84 cases. Further to this, 82 of those 84 cases were in vaccinated children.

3. Notification of whooping cough is based upon clinical diagnoses. It is important to realise that a similar clinical picture can also be produced by adenoviruses and other viruses which effect the respiratory tract. As Professor Stewart points out (Here's Health, March 1980):

   "There was evidence also that there was, during this period a considerable increase in other respiratory and croup disease of children, so the possibility of errors in diagnosis and notification--in either direction--could not be excluded".

   What this means is that many respiratory infections can be incorrectly diagnosed as whooping cough, thus inflating the real figures.

4. It is well known that the incidence of whooping cough is more related to poor living conditions rather than vaccination levels. Professor Gordon Stewart states (British Medical Journal 31/1/1976):

   "Whooping cough is much lower in incidence, hospital admissions are less frequent, and immunization schedules are often better maintained in districts where socioeconomic conditions are favourable. The reported association between protection and immunization could be an expression of better social conditions and child care as much as of biological protection by pertussis vaccine".

   In one study on the efficacy of whooping cough vaccine (The Lancet 29/1/1977 p235), Professor Stewart noted: *"Of the unvaccinated, a significantly higher proportion of children and cases come from overcrowded homes in social classes IV & V."* Professor Stewart states that of 203 infants admitted to hospital with whooping cough, *"93% were from social class III, IV and V, among whom vaccination rates were lower than among classes I and II".*

5. Many cases of whooping cough which occur in vaccinated children would be subject to the phenomenon of 're-diagnosis' as explained previously. This has been confirmed by Dr Norman Noah (BMJ 17/1/1976) who states, *"Family doctors might tend to diagnose and notify whooping cough less often in immunized children than in un-immunized ones"* and also by Professor Gordon Stewart (The Lancet 29/1/1977) who says *"General Practitioners are much less likely to notify whooping cough in vaccinated children where the symptoms are typical. The figures may therefore underrate the incidence in vaccinated children".*

6. In 1978, of the 67,008 cases notified no less than 31% (say 20,000) occurred in fully vaccinated children. In fact throughout the 1970s, 30-50% of whooping cough cases occurred in vaccinated children. In an epidemic in Malmo Sweden, 78% of cases had been fully vaccinated (Infectious Diseases In Europe, WHO).

How can 'low' vaccination levels be responsible for whooping cough outbreaks when it is clear that the vaccines do not work anyway!

Medical Lies!

Medical propaganda does not just involve misleading or inaccurate statistics, but in many cases, downright lies! And the biggest lies often come from our own Health Authorities.

A leaflet put out by the NT Department of Health and Community Services on Tuberculosis provides a good example. This leaflet states: *"Up until the 1950s TB was a common cause of serious disease and death in Australia. Due to an aggressive campaign over the past 30 years and the discovery of effective new drugs, TB is now much less common ...."* According to the Commonwealth Year Book No.40, the official figures on TB deaths are: 1921 - 3,687; 1931 - 3,167; 1941 - 2,734; 1951 - 1,538; 1961 - 447. In terms of population count, the TB death rate in Australia fell from 68 per 100,000 in 1921 to 49 per 100,000 in 1931 to 18 per 100,000 in 1951 and to 4 per 100,000 in 1961. These figures clearly indicate that the decline in TB death rate started well before any medical intervention, and that the rate of decline did not change with the introduction of drug therapy. This is the same scenario as with all other infectious diseases as shown in Chapter 1. Medical authorities try and take the credit for the lowered death rate,

when in truth all credit should go to those responsible for improving our living and social conditions, for these are the real reasons for the decline in death rates.

In March 1991, a small measles outbreak amongst high school students in Darwin NT prompted Public Health officials to recommend that all students be immediately vaccinated. In fact the Communicable Diseases Director of Darwin Hospital, Dr Mohammed Patel recommended that students receive a 'second' measles shot just to be certain of adequate protection. This was in spite of US studies which showed that measles re-vaccination was ineffective. I forwarded a letter to the local media pointing this out and in response, Professor John Matthews, Director of the Darwin Menzies Health Research School forwarded a letter, and published in the Northern Territory News, which stated: *"The present measles epidemic would not have been able to happen if all children had been immunized"*. Yet only four months earlier an article on measles in the Journal of the American Medical Association, November 21st 1990, stated: *"Although more than 95% of school-aged children in the United States are vaccinated against measles, large measles outbreaks continue to occur in schools, and most cases in this setting occur among previously vaccinated children"*.

A booklet published by Commonwealth Serum Laboratories, a major Australian vaccine manufacturer, states: *"Perhaps the greatest success story of immunization in Australia was the eradication of poliomyelitis in the 1950s through the use of the Salk and Sabin vaccines"*. A quick glance at the real figures (see Chapter 1) reveals that vaccines had nothing to do with this decline. Referring to whooping cough, this booklet says: *"Antibiotics cut the death rate tenfold in the late 1940s"*. This claim is nothing less than outrageous, for firstly, the death rate for whooping cough went from 84 in 1945 to 34 in 1950, and secondly, it is a medical fact that antibiotics are useless against this illness. Writing in the British Medical Journal (29/11/1975) Dr N Grist says: *"I regard whooping cough as a serious infectious disease against which our current 'magic bullets' are woefully ineffective"*.

The presentation of distorted and misleading information on vaccinations and the general tendency of the public to accept this information without question was the subject of Clinton Miller's testimony before the US House of Representatives on May 17th 1962. Clinton Miller stated:

> *"In mass vaccination programs, it is common practice to omit or ignore such information in presenting the case for vaccination to the public. There is a tendency to let the 'experts' make the decisions, after which they summarize the evidence with such press release statements as 'absolutely safe', and other statements designed not to educate, but to inspire absolute confidence.*
>
> *"We point out that the tendency of a mass vaccination program is to 'herd' people. People are not cattle or sheep. They should not be herded. A mass vaccination program carries a built-in temptation to oversimplify the problem, to exaggerate the benefits, to minimize or completely ignore the hazards, to discourage or silence scholarly, thoughtful and cautious opposition, to create an urgency where none exists, to whip up an enthusiasm among citizens that can carry with it the seeds of impatience, if not intolerance, to extend the concept of the police power of the state in quarantine far beyond its proper limitation, to assume simplicity when there is actually great complexity, to continue support of a vaccine long after it has been discredited, to make a choice between two or more equally good vaccines, and promote one at the expense of the other, and to ridicule honest and informed dissent"*.

Public Scare Campaigns

Napoleon once said: *"There are two ways of moving men--interest or fear"*. Probably the most effective way of cajoling the public into submitting to vaccination is the employment of 'scare tactics'. Commenting on the strategy of 'fear' to entice people into vaccination, Dr John Keller had this to say:

> *"Since people cannot be vaccinated against their will, the biggest job of a health department has always been and always will be to persuade the unprotected people to get vaccinated. This we attempted to do in three ways: first by education, second by fright; and third by pressure. We dislike very much to mention fright and pressure. Yet they accomplish more than*

education because they work faster than education, which is normally a slow process. During the months of March and April, we tried education and vaccinated only 62,000. During May we made use of fright and pressure and vaccinated 223,000 people".

From the book, The Dangers Of Immunization, by the Humanitarian Society, Pennsylvania, it states:

"Without question, the polio and just recent 'swine flu' programs were based shamefully and unabashedly on FEAR, just as unscrupulous politicians have for years exploited this hidden, subconscious motivating factor within human nature.

"The continual propaganda exuded by accepted scientists and the evergrowing enemies of mankind constitutes neither more nor less than an insidious type of 'brain-washing' which we as Americans have every right to feel belongs in some spy movie or intrigue of foreign espionage, but NOT here in America... which of course has proven to be an illusion.

"Therefore, most of America now stands in the backwash of a very subtle 'Advertising' which a few recognised immediately as pure old propaganda, a form of 'brain-washing', a technique which is based on repeated impressions made on the mind of a person, until accepted as "truth".

When it comes to vaccination, the public are warned of severe epidemics, deaths and disabilities, killer diseases, maimed victims etc should stop vaccination be stopped. In one newspaper article, the heading was titled "Immunize or Die!--Doc Warns". Is it any wonder that most people line up for their vaccinations? Obviously most people are not in a position to judge for themselves the validity of such claims and therefore are easily persuaded into accepting vaccinations, much to the delight of the vaccine industry. What the majority of the public do not realise, is that in most cases, if not all, such scare tactics are completely unfounded. For example, many doctors maintain that measles can result in encephalitics at the rate of 1 out of every 1,000 cases. Yet, as Dr Mendelsohn points out *"After decades of experience with measles, I question this statistic and so do many other paediatricians. The incidence of 1/1,000 may be accurate for children who live in conditions of poverty and malnutrition, but in middle- and upper income brackets, the incidence of true encephalitics is probably more like 1/10,000 or 1/100,000".*

Discussing measles deaths, The Lancet (1/8/1981 p236) says: *"In the UK about 1% of people with measles are admitted to hospital, and one in ten thousand may die ... children who die from measles are typically those with malnutrition, or some other severe intercurrent condition, who would soon die from some other cause if not from measles .... Half of the 132 deaths attributed to measles in the first 6 months of 1961 were in children with serious chronic disease or disability".*

In an article 'Vitamin A and Measles in Third World Children1 (BMJ 1/12/1990 p1230), it states: *"The severity of measles seems to be related to nutritional state and intensity of exposure. Malnourished children have a higher mortality and more severe complications, as do those living in overcrowded conditions".*

From their book, Infectious Diseases, by Ramsay and Emond, it states:

"In affluent countries with high standards of nutrition, measles is a mild disease ... but in poor countries the illness tends to be severe with a high mortality... this is closely related to the standard of nutrition".

Referring to whooping cough deaths, Professor Dick states (British Medical Journal 18/10/1975): *"Deaths from whooping cough occur mainly in babies in social class V, and in assessing risks one must look at specific epidemiological situations - for there are obviously groups at high and low risk to whooping cough as there are with many diseases".* Dr Kalokerinos believes that death from infectious disease is not simply the result of a virus or bacteria, but a as a result of a biological or chemical weakness caused through malnutrition, poverty etc.

We are continually reminded by medical authorities of the devastating polio epidemics of the 1930s and 1940s, yet in England, the Register General figures on polio show that during the years 1943 - 1953 the

average annual number of polio cases notified in England and Wales was 3,328, giving a monthly total of only 227 in a population of 42,290,000 or 6 per million. In 1947, when the highest death rate was recorded, there were 33 deaths per million children under 15 compared with 69 for measles and 99 for whooping cough. In the USA, 1942 there were 42 polio cases per 100,000 and in 1952, 15 cases per 100,000, not only indicating that the numbers were small, but they were well in decline before vaccination commenced.

In Public Health magazine, March 1955, Dr Dennis Geffen, QBE, MD, DPH, is reported to have told the Metropolitan Branch, Society of Medical Officers of Health that, *"We are apt to forget that poliomyelitis is the least serious of all infectious diseases with the exception of that one complication, or extension of the disease, which destroys motor cells in the brain and spinal cord and causes paralysis. Apart from this it appears to be a mild infection lasting a few days, the symptoms of which are probably less serious than a cold in the head, and from which recovery is complete and immunity lasting".*

PUBLIC IGNORANCE

Adolf Hitler once said, *"When you tell a lie loud enough, often enough, and big enough, the people will eventually believe it".* It is just unfortunate that, when it comes to the public, the majority of people want to believe in vaccination and this is probably the third major reason why vaccination still continues to this day. Dr Kalokerinos mentions a seminar conducted by the Committee for World Health at which he was a guest speaker. At the seminar, a lively debate ensued upon the subject of vaccination in which, as Dr Kalokerinos points out, *"The concensus of opinion was that there would be far less immunizing if the public did not insist upon it"* (Toorak Times 15/9/1981).

From the dawn of time, it has been a trait of human nature to seek out magical cures or potions for both the cure and prevention of disease. Vaccination serves this need because is satisfies the 'quick and easy' mentality adopted by most people in regard to maintaining or protecting their health. As few people are prepared to think logically or even to think for themselves, it is understandable why the majority are so easily persuaded into accepting a procedure which promises them protection from disease, without the effort of having to maintain their own health. Far easier to be given a 'quick jab' than to accept the more difficult task of living wisely.

From his book, Mirage Of Health, Professor Rene Dubos explains such behaviour:

> *"The faith in the magical power of drugs often blunts the critical senses, and comes close at times to a mass hysteria, involving scientists and laymen alike. Men want miracles as much today as in the past. If they do not join one of the newer cults, they satisfy this need by worshipping the altar of modern science. This faith in the magical power of drugs is not new. It helped to give the authority of a priesthood and to recreate the glamour of ancient mysteries".*

Perhaps Mark Twain was right when he said:

"There are two types of infinity: space and man's stupidity".